

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	W	7530	02-22-00
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	WUB	70916	4-21-00
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

BEST AVAILABLE COPY

Claim	Date	Claim	Date	Claim	Date
Final	Original	Final	Original	Final	Original
1	1	51		101	
2	2	52		102	
3	3	53		103	
4	4	54		104	
5	5	55		105	
6	6	56		106	
7	7	57		107	
8	8	58		108	
9	9	59		109	
10	10	60		110	
11	11	61		111	
12	12	62		112	
13	13	63		113	
14	14	64		114	
15	15	65		115	
16	16	66		116	
17	17	67		117	
18	18	68		118	
19	19	69		119	
20	20	70		120	
21	21	71		121	
22	22	72		122	
23	23	73		123	
24	24	74		124	
25	25	75		125	
26	26	76		126	
27	27	77		127	
28	28	78		128	
29	29	79		129	
30	30	80		130	
31	31	81		131	
32	32	82		132	
33	33	83		133	
34	34	84		134	
35	35	85		135	
36	36	86		136	
37	37	87		137	
38	38	88		138	
39	39	89		139	
40	40	90		140	
41	41	91		141	
42	42	92		142	
43	43	93		143	
44	44	94		144	
45	45	95		145	
46	46	96		146	
47	47	97		147	
48	48	98		148	
49	49	99		149	
50	50	100		150	

If more than 150 claims or 10 actions  
 staple additional sheet here

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